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Police Brutality and Blacks: An American Immune System Disorder

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On May 25th, 2020, George Floyd, a 46-year-old Black American male was taken into police custody by Minneapolis police after being suspected of using a counterfeit \$20 bill to make a purchase. The actual subsequent activity was recorded by audio/video sources, so there is clear evidence of what occurred. He was handcuffed, and at some point one of the police officers pinned him down with his knee on his posterior neck. Mr. Floyd struggled to breathe, stating such audibly. After continued neck compression Mr. Floyd became silent. Paramedics were called who found Mr. Floyd unresponsive and pulseless. He was later declared dead at a local hospital. The Hennepin County Medical Examiner says a preliminary autopsy found no evidence that George Floyd died of strangulation and traumatic asphyxia after former Minneapolis police officer Derek Chauvin knelt on his neck for 8-9 minutes. The medical examiner said Floyd had underlying health conditions, including coronary artery disease and hypertensive heart disease. "The combined effects of Mr. Floyd being restrained by the police, his underlying health conditions and any potential intoxicants in his system likely contributed to his death," the medical examiner reported.¹ We will not address the issue that the medical examiner referenced underlying conditions as a part of the cause of death; this is often relevant in non-traumatic death, likely much less so here. (Also would the medical examiner have referenced 'potential intoxicants' had the victim been White; implicit bias?). The inference may be if he were in excellent health he may not have died; or is it that it just would have taken 1-2 minutes more of neck compression to induce death? I leave that to others to decipher. Pinning his death on underlying conditions is akin to saying that a GSW victim died because the host was not robust enough to withstand the hypovolemic shock. This is in and of itself disturbing, but lest we digress into tangential implicit bias let us stay focused on determinate implicit bias, a root cause of police brutality.

For many days after the death of Mr. Floyd, there was civil unrest in Minneapolis followed by protests, property damage and assaults on law enforcement personnel and protesters in more than cities throughout America,

including New York City, Atlanta, Baltimore, Oakland and Los Angeles. The officer that compressed the neck of Mr. Floyd was fired on May 26th, and arrested on May 29th, charged with third degree murder and second-degree manslaughter. As of the writing of this article, the civil unrest in the US continues. The National Guard has been deployed in Los Angeles and many other locales.

Police brutality or police violence is legally defined as a civil rights violation where officers exercise undue or excessive force against a civilian. This includes, but is not limited to, physical or verbal harassment, physical or mental injury, property damage, and death² America has a long history of police brutality against Blacks. In the United States, major political and social movements have involved excessive force by police, including the civil rights movement of the 1960s, anti-war demonstrations, the War on Drugs, and the Global War on Terrorism. In 2014, the UN Committee against Torture condemned police brutality and excessive use of force by law enforcement in the US, and highlighted the "frequent and recurrent police shootings or fatal pursuits of unarmed black individuals³". In a report released concerning the Michael Brown shooting in Ferguson, Missouri, the Justice Department admitted to the Ferguson's police department's pattern of racial bias. The department argued that it is typically an effort to ticket as many low-income black residents as possible in an attempt to raise local budget revenue through fines and court fees. The Justice Department explained police encounters could get overtly abusive when the person being questioned by the police officers becomes disrespectful or challenges their authority. The Department of Justice also released a statement that confronted police officers' susceptibility to implicit bias: One of the things they looked was "threat perception failure", where an officer may believe that the person was armed and it turned out not to be the case. These failures

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were observed to occur more frequently when the suspect was Black.

The analogy that is explicit in the title of this article is an immune system disorder. The antigen is the offending agent, the immune system is the broader society, in this case law enforcement and indeed the broader community, generally Black for purposes of discussion.

Two officers came to respond to the antigen, Mr. Floyd, a 6 foot 6 inch 240 lb man, but by most accounts but otherwise rather benign threat to the immune system of society. They handcuffed him: as an antigen-presenting cell might do. This information was presented to a T-helper cell via police radio and linked with a B-cell that produced antibodies: two more officers who came to the scene. This is where the disorder began. The T-helper cell initial officer on the scene over-reacted when it noted that the antigen was Black and released excess cytokines that not only killed the antigen, which in fact was not a true pathogen but recruited mast cells, the Black community that continued the reaction to the initial immune response. Mast cells release mediators that induce inflammation, and when there is an over-reaction in addition to mast cells there is a cytokine storm, which also induces a response that causes the immune system to attack host tissue; the whole system is in overdrive. The injury is to the whole of society; no one and nothing is spared. Civil disorder ensued, with damage to businesses, injury to police, general disorder, and further recruitment of societal immune modulators, the National Guard. The hyper-immune response is ongoing.

Police officers are legally permitted to use force, and their superiors and the public expect them to do so. Noting this, there are many reasons as to why police officers can sometimes be excessively aggressive. It is thought that psychopathy makes some officers more inclined to use excessive force than others. In one study, police psychologists surveyed officers who had used excessive force. The information obtained allowed the researchers to develop five unique types of officers, only one of which was similar to the bad apple stereotype. These include personality disorders; previous traumatic job-related experience; young, inexperienced, or authoritarian officers; officers who learn inappropriate patrol styles; and officers with personal problems. However, this “bad apple paradigm” is considered by some to be an “easy way out”. A broad report commissioned by the Royal Canadian Mounted Police on the causes of misconduct in policing calls it “a simplistic explanation that permits the organization and senior management to blame corruption on individuals and individual faults — behavioral, psychological, background factors, and so on, rather than

addressing systemic factors”.⁴ The report continues to discuss the systemic factors, which include:

- Pressures to conform to certain aspects of “police culture”, such as the Blue Code of Silence, which can “sustain an oppositional criminal subculture protecting the interests of police who violate the law” and a “ ‘we-they’ perspective in which outsiders are viewed with suspicion or distrust”
- Command and control structures with a rigid hierarchical foundation (“results indicate that the more rigid the authoritarian hierarchy, the lower the scores on a measure of ethical decision-making” concludes one study reviewed in the report).⁵ and
- Deficiencies in internal accountability mechanisms (including internal investigation processes).

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In 2017, there were 1147 deaths accounted for by police, of which in 13 cases police officers were charged with a crime. That is 1.1% of the cases, speculation would conclude that more than one in 100 cases of deaths at the hand of police would warrant charges. Note that in the George Floyd case at the time of this writing only one of the four officers involved has been charged. Sometimes science defies logic. 640 of the deaths caused by police officers that year were responses to non-violent offenses and no crime was reported.⁶ I do believe that passing counterfeit bills is a non-violent offense.

Studies have shown that “black people are three times more likely to be killed by police in the United States than white people. More unarmed black people were killed by police than unarmed white people last year,” despite the fact that only 14% of the population are black people.⁷

Police killings — which can include shootings, choking and other uses of force — are the sixth-leading cause of death among men of all races ages 25-29, according to the study published by the Proceedings of the National Academy of the Sciences.⁸

Lorie Fridell, Associate Professor of Criminology at University of South Florida states that “racial profiling was the number one issue facing police [in the 1990s]”, which led her to two conclusions: “bias in policing was not just a few officers in a few departments and, overwhelmingly, the police in this country are well-intentioned.” The country as a whole sets stereotypes as well as biases against black Americans which inevitably leads to social misinterpretation of the safety of Americans when a black person is present.⁷

There are actions that can be taken to reverse, to quell this hyper-immune response. Anti-inflammatories would be the initial action that any prudent physician would consider, but as we have found with coronavirus, this is not always successful. There are insufficient data ... to recommend either for or against any immunomodulatory therapy in patients with severe COVID-19 disease.⁹ The colorry for police brutality and the present status in the US cannot be overlooked. New modalities need to be utilized. It is beyond the purview of this article to detail the treatment for the hyperimmune response in America known as police brutality. In summary, “public health scholars should champion efforts to implement surveillance of police brutality and press funders to support research to understand the experiences of people faced with police brutality. We must ask whether our own research, teaching, and service are intentionally antiracist and challenge the institutions we work in to ask the same. To reduce racial health inequities, public health scholars must rigorously explore the relationship between police brutality and health, and advocate policies that address racist oppression.¹⁰” Until we systemically and directly address racism, the carnage will continue.

With COVID-19 at present the hope is for a vaccine, a treatment modality that informs the immune system that there is circulating a pathogen, such that in the host encountering the pathogen there is a measured, pre-planned response that neutralizes the threat without peripheral damage, almost surgical in response. The components of the vaccine that will inoculate and confer immunity to police brutality will be implicit bias training, appropriate charging of offending law enforcement

personnel (likely at a greater rate than 1%), the widespread use of bodycams, but most importantly clear recognition that killing of Black Americans by the police basically MUST STOP. (I will categorically state that this is just a starting point of the ‘vaccine’ components. More will come in the phase 3 studies documenting *effectiveness* and phase 4 studies: post-release analysis that determine adjustments over time as experience dictates). This will be the only healing response to this hyper-immune response of police murder and the concomitant cytokine storm of rebellion and destruction that will in the end if not addresses, will destroy the host: America, and not just Black America.

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